FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1973 CHELTENHAM ST

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000066884 P.S.L. PLANT DEPOT, INC.

Principal Place of Business Mailing Address PORT ST. LUCIE FL 34983

1973 CHELTENHAM ST PORT ST. LUCIE FL 34983

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90137 001 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

21	al Place of Business	2a. Mailing Address			09/07/1994		
	Apt. #, etc.	26			4. FEI Number		·
22	Ψι. #, etc.	Suite, Apt. #, etc.			<u>59-3264713</u>	 	Applied For
City & S	State	27			5 Certificate of Chil	<u> </u>	Not Applicat
3)	orate	City & State			5. Certificate of Status Desired		5 Additional
Zip		28			6. Election Campaign Financing		Required
[] []	Country	Zip			Trust Fund Contribution	\$5.0	00 мау Ве
<u>•</u> J	25	29		ountry	8. This corporation owes the current year In	Adde	ed to Fees
	9. Name and Address of Curre	nt Registered Agent	30		cracinal Property [ax.	Γ7 v.	/= 1
H	AMLIN, DAVID B			81 Name	10. Name and Address of New Registered	Acced	No
1973 CHELTENHAM STREET				81 Name		whent	
D/19	NOT CT LUCIE TO			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
FU	PRT ST. LUCIE FL 34983				(F.O. Box Number is Not Acceptable)		
			í	83			
				84 City			
- Pursuan	t to the provisions of Sections 607 050	2	_			85 Zin	Codo
agent, I	registered agent, or both, in the State	of Florida, Such change was	utes, the at	pove-named corp	oration submits this state		-00 0
GNATURE	am familiar with, and accept the obligation	ions of, Section 607.0505, F	autnorized Iorida Statu	by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing it	s registered
	Signature, typed or printed posses	·		··- ·		unent as re	egistered
	Signature, typed or printed name of registered agen OFFICERS ANI	and title if applicable. (NOT	E: Registered #	Agent signature required	who are to the same and the same are to the sa		
	D OFFICERS ANI		13.		ADDITIONO DATE		
	HAMLIN, DAVID B	☐ DELETE	1.1 T/TL	E	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TADDRESS	1973 CHELTENHALL OFFI		1.2 NAM	νE .		☐ Change	Addition
T-ZIP	1973 CHELTENHAM STREET			EET ADDRESS			
,1-21F	PORT ST. LUCIE FL 34983			1			
- 1		☐ DELETE	2.1 TITLE	-ST-ZIP			
			- 1	_		Change	Addition
ADORESS			2.2 NAME	- ,	•		☐ Addition
T-ZIP				ET ADDRESS			
- 1		☐ DELETE	2. 4 CITY-		<u> </u>		1
j			3.1 TITLE	- 1	- 40		
ADDRESS					·	705	
			3.2 NAME	- }	/* · · · Γ	Change -	Addition
ZIP				ET ADDRESS	<u> </u>	☐ Change •	Addition
ZIP		Delete	3.3 STREE 3.4. C/TY-S	ET ADDRESS	ξ	☐ Change •	Addition
ZIP		☐ DELETE	3.3 STREE 3.4. C/TY-S 4.1 TITLE	ST-ZIP			Addition
		C) DELETE	3.3 STREE 3.4. C/TY-S	ST-ZIP		Change -	Addition
-ZIP ADDRESS ZIP		C) DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ST-ZIP			
ADDRESS			3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ST-ZIP TADDRESS			
ADDRESS		☐ DELETE	3.3 STREE 3.4. C/TY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ST-ZIP TADDRESS] Change	
DORESS ZIP			3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ST-ZIP TADDRESS] Change	
DORESS ZIP			3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ET ADDRESS ST-ZIP T ADDRESS T-ZIP] Change	Addition
DDRESS DDRESS		☐ DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP] Change	Addition
DDRESS DDRESS			3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP] Change	Addition
ADDRESS ZIP DDRESS		☐ DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	T ADDRESS T-ZIP T ADDRESS T-ZIP		Change	☐ Addition
ADDRESS ZIP DDRESS		☐ DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET, 5.4 CITY-ST 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition
ADDRESS ZIP DDRESS APP DRESS		☐ DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET, 5.4 CITY-ST- 6.1 TITLE 6.2 NAME 6.3 STREET A	T ADDRESS T-ZIP T ADDRESS T-ZIP ADDRESS ADDRESS		Change Change	Addition Addition

607, Florida Statutes; and that my name appears in